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## **“Data Quality Tools You Can Use” (Part 2)**

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# Objectives

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- Explain Visit Workload vs Encounter Services
- Overview of ADM Features
- Interface Error Reports
- Coding Table Update Coordination
- SADR Review Tool - DO “Tune-Up”



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# First There Was ...





2



# No More Bubble Sheets...

CHCS - Persona

PERSONA™

Disconnect Edit Commands Print Hold Security Help

ADM Patient Encounter

QQQBRAGGTESTB,CHILDGLOBAL 02/000-00-0094 AGE:7y

Appt Date/Time : 07 Dec 2005@1102 Type: WELL\$ Status: WALK-IN  
Clinic: WAMC PEDS MEPRS: BDAA Injury/Accident Related: No  
In/Outpatient: Outpatient APV: No Pregnancy Related: No  
Appt Provider: CHESNEY,URSULA Appt Prov Taxonomy: 208000000X  
Appt HCP Role: 1 ATTENDING  
Additional Providers: No  
Disposition: RELEASED W/O LIMITATIONS

ICD-9	Dx Description
V72.0	EXAMINATION OF EYES AND VISION

Chief Complaint: V72.0 EXAMINATION OF EYES AND VISION

Help = HELP Exit = F10 File/Exit = D0 INSERT OFF

- Key elements associated with the CHCS Visit, not updatable in ADM
- Only Encounter elements in reverse video can be updated in ADM
- Enter data in ADM with INSERT

OFF





# And Now...

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh Add Note Add Providers Templates Sign Save As Template Close

**ALEXANDER, VIOLETW 20/202-45-5743 45yo F Col DOB:25 Jan 1959** Options

Folder List

- CHCS-I
- Immunizations Adr
- ALEXANDER, VIOLET
  - Demographics
  - Health History
  - Problems
  - Meds
  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Rev
  - PKC Couplers
  - Readiness
  - Patient Quesic
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encounte
  - Flowsheets
  - Current Encounter
    - Screening
    - Vital Signs Enti
    - S/D
    - A/P
    - Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

Date: **09 Nov 2004 0930 EST** Status: **In Progress** MTF: **CHCSII ITT Facility**  
 Primary Provider: **USER, TEST** Type: **ACUT\$** Clinic: **CHCSII ITT Clinic**  
 Patient Status: **Outpatient**

Reason for Appointment: cough & fever HTN followup  
Appointment Comments:  
 middle age illnesses/perimenopause

AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems	Active Family History	Allergies
• ESSENTIAL HYPERTENSION • METORRRHAGIA • IRON DEFICIENCY ANEMIA	No Active Family History Found.	No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Active	QD	6 of 6	Not Recorded
HCTZ (ESIDREX/ORE TIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

CPG Autocites	6 Jun 2004	14 Apr 2004	21 Jan 2004
Hemoglobin A1c (Diabetes CPG) (Goal: <8)	8.3 mg/dl	8.9 ma/dl	8.7 ma/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100)	114 mg/dl		

Screening Screening Written by USER, TEST @ 02 Dec 2004 2318 EST  
Reason For Appointment: cough & fever

Vitals Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST  
 BP: 122/66, HR: 72

A/P A/P Written by USER, TEST @ 03 Dec 2004 1027 EST  
 1. Patient Counseling: Adequate Calcium Counseling Complet  
 Laboratory(ies): HGB A1C (Routine); LIPID PAI

USER, TEST in CHCSII Test Clinic at CHCSII ITT





# Why the Focus?

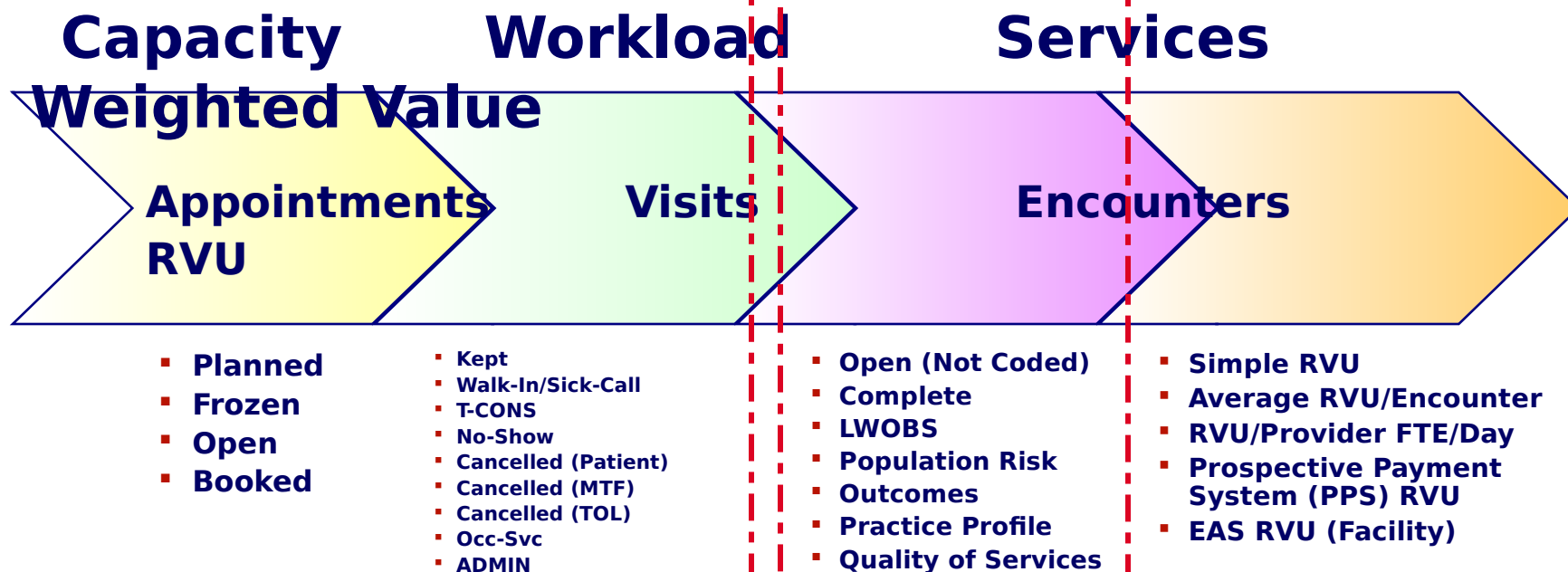
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- Standardize data collection methods
- Compare workload and productivity
- Measure efficiency per Provider FTE
- Forecast demand for services
- Establish performance benchmark
- Identify trends and utilization
- Calculate costs of services
- Assess and improve quality of services





# Measuring Performance



**Focus Shifting from “Counting Visits” to Measuring Work/Services Provided**





# Encounter Services

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- **ICD-9 Code - Why the Patient was seen?**
  - Chief Complaint and Diagnoses
- **CPT Code - What was done to address the patient problem?**
  - Physician/Provider Services
  - Procedures Performed and Units of Service
  - Modifiers (explain additional details about the Service or Procedure)
- **HCPCS Code - What services/supplies were provided?**
- **Evaluation & Management Code (CPT Code):**
  - Setting
    - Office, Inpatient, Emergency Room, Preventive Service, Consult, etc.
  - Level of Services
    - Complexity (Minimal, Low, Moderate, or High)
  - Age Band
    - Preventive Services only



# Visits vs Encounters

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- **An “ENCOUNTER” = Services Provided**
  - Documents reason for seeking care
  - Captures medical services provided
  - Establishes level of professional service and decision making
  - Identifies Staff (By Name) providing the services
    - Provider Seen
    - Secondary Providers
  - Both COUNT and NON-COUNT Visits are Encounters
- **A Count Visit is Always an Encounter, but not all Encounters meet the MEPRS definition of a Visit for reporting in WAM/EAS IV, EAS “Eligible” Encounters and Worldwide Workload (WWR)**
- **DQMC Statement 8. a) - # SADR encounters / # WWR visits**
  - # SADRS should always be equal to or greater than Visits



# PENDING vs PENDING

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- **PENDING “Visit” Status: (Bad...)**
  - Incomplete Workload
  
- **PENDING “SADR” Status: (Good...)**
  - Encounters Coded as Complete or Updated, that pass SADR Edits, will be included in the next daily SADR batch file, grouped by Treating DMIS
  - SADR Nightly process is tasked to run ~2130 each night, in CHCS
    - Includes ADM & AHLTA completed encounters
    - Includes ADM, AHLTA and CCE Updates



# Basic Features

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- **Standard Coding Look-Up Tables:**
  - ICD-9 (including Military Unique Codes)
  - CPT/HCPCS
  - Modifiers (CHCS Modifier Mapping Table – KG ADS MODIFIER)
- **Clinic Favorites Coding Lists**
- **Each patient encounter must contain:**
  - 1 Diagnosis Code
  - 1 E&M (or “99499” entered as a “Placeholder”)
- **Secondary Providers**
  - Supervising, Attending, Paraprofessional, Assisting, GME, Operating Provider, Surgeon, Anesthesia and Nurse
- **Creates Admission, Daily & Disposition RNDS\* Encounters to capture Inpatient Attending Provider Professional Services**
  - Industry Based Workload Alignment (IBWA)
- **AHLTA encounters “Written-Back” to ADM**
  - When encounter is signed as “Complete”, Updated and Co-Signed
- **Encounters Reviewed as “Complete” in the CCE update ADM**



# **Additional Features**

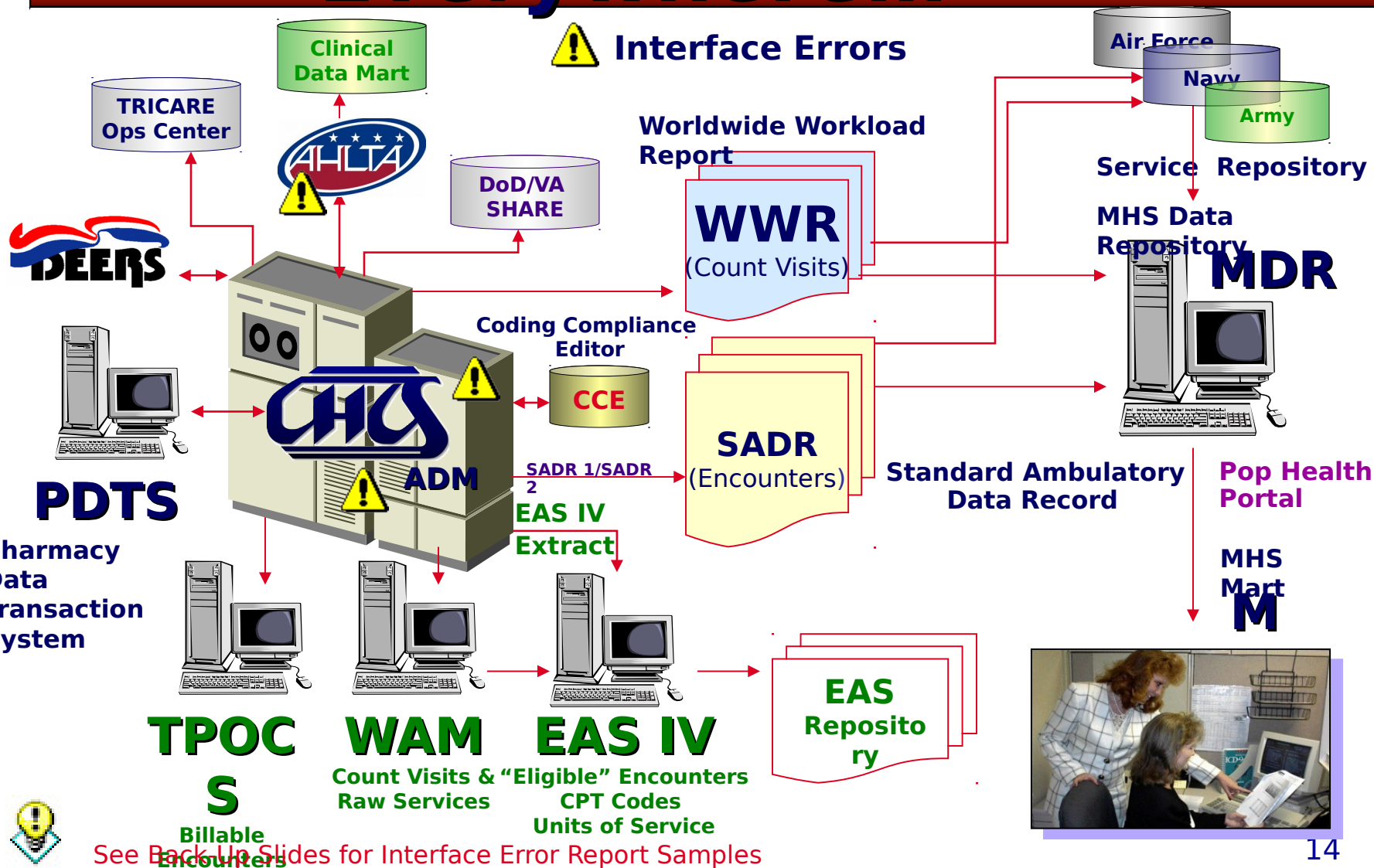
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- **HIPAA Standard elements:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
- **Additional E&M Codes (up to 2 Additional E&M Codes)**
- **Diagnosis Code Priority (Links Procedure to Dx)**
- **CPT Code Units of Service (per CPT Code)**
- **CPT Code Modifiers (up to 3 - per CPT Code)**
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - V70.5 4 PRE-DEPLOYMENT EXAMINATION
  - V70.5 5 DURING DEPLOYMENT EXAMINATION
  - V70.5 6 POST-DEPLOYMENT EXAMINATION
- **Encounter Disposition (Inpatient and Ambulatory)**





# Data, Data Everywhere...





# Interface Status Reports

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## 1. ADM Interface Error Report

- CHCS ADM Menu Option Report #5
- Errors – Encounter failed SADR edits – Not sent to CCE
- Warnings – May impact TPOCS encounter data
- Supervising Provider Warnings – Will now be sent to EAS

## 2. CCE Detailed Interface Error Report

- CHCS Menu Option within ADM System Manager Menu Option
- Report of CCE functional errors
- ADM not updated to generate updated SADR
- Billable encounters not available to submit for billing

## 3. AHLTA/ADM Write-Back Error Report

- Coordinate with your AHLTA System Admin to run the report
- May require MHS Trouble Ticket to obtain report
- ASCII File of AHLTA Write-Back errors
- AHLTA encounter not accepted or received by ADM
- SADR not created
- Encounter not sent to TPOCS, CCE or EAS
- Impacts 3-Day Coding Compliance DQ Measure



# ADM Reports Menu

**Type ADS to access the Ambulatory Data Module**

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	ADM Compliance Report
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report

**Detailed “How To” run the ADM Compliance Report**

<http://www.pasba.amedd.army.mil/Quality/Resources/ADMComplianceReportInstr031215.pdf>



# Compliance Report (IBWA)

## ADM Report #3

Select PAD System Menu Option: ADS Ambulatory Data Module  
Select Ambulatory Data Module Option: 2 Ambulatory Data Reports  
Select Ambulatory Data Reports Option: 3 ADM Compliance Report  
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D  
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// 0  
Select DMIS ID: 0089 0089 WOMACK AMC  
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C  
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// M  
+\* ADMISSIONS EKAA  
\* AMIC CL BIAB  
**Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N**  
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//  
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// A  
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y  
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type  
or (Q)uit: B// B  
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M  
Enter Month & Year: Apr 2006// (Apr 2006)  
Do you want to proceed with this report? No// Y  
Select DEVICE: Q  
Select DEVICE: SP00L



- Select EKAA for IBWA RNDs\* Encounters and one other Clinic
- Choose “No” to Summarize by Provider



# ADM Compliance Tracker

ADM Compliance Report for Jan 07 (Cumulative)					
Commander's Goal = 95% ----- MEDCOM Standard = 100%					
Work Days	DATE	PAS TOTAL	COMPLETE ADM	INCOMPLETE ADM	% COMPLIANT
1	ADM Report for 3 Jan	2,790	2,632	158	94.34%
2	ADM Report for 4 Jan	3,628	3,464	164	95.48%
3	ADM Report for 5 Jan	3,314	3,170	144	95.65%
4	ADM Report for 8 Jan	3,369	3,111	258	92.34%
5	ADM Report for 9 Jan	3,540	3,325	215	93.93%
6	ADM Report for 10 Jan	2,561	2,453	108	95.78%
7	ADM Report for 11 Jan	3,588	3,456	132	96.32%
8	ADM Report for 12 Jan	555	527	28	94.95%
9	ADM Report for 16 Jan	3,645	3,491	154	95.78%
10	ADM Report for 17 Jan	2,904	2,783	121	95.83%
11	ADM Report for 18 Jan	3,349	3,233	116	96.54%
12	ADM Report for 19 Jan	3,269	3,105	164	94.98%
13	ADM Report for 22 Jan	3,517	3,360	157	95.54%
14	ADM Report for 23 Jan	3,534	3,412	122	96.55%
15	ADM Report for 24 Jan	2,844	2,762	82	97.12%
16	ADM Report for 25 Jan	3,504	3,390	114	96.75%
17	ADM Report for 26 Jan	3,176	3,086	90	97.17%
18	ADM Report for 29 Jan	3,459	3,338	121	96.50%
19	ADM Report for 30 Jan	3,581	3,424	157	95.62%
20	ADM Report for 31 Jan	2,945	2,882	63	97.86%
Grand Total:		63,072	60,404	2,668	95.77%
DAILY AVERAGE:		3,154	3,020	133	95.77%
NOTE: There were 20 "work" days in Jan 07					





# IBWA % Compliance

- **Generate the ADM Compliance Report**
  - # Completed IBWA Encounters
- **Generate the WWR to calcul**
  - # OBDS
  - # Dispositions



07 Feb 2006@1441		For Official Use Only		Page	1
		Ambulatory Data Module			
ADM Compliance Report by Clinic					
From: Dec 2005 Thru: Dec 2005					
Clinic		PAS Total	Complete ADM Total	Incomplete ADM Total	Compliance
=====					
0089	EKAA IBWA CLINIC 0089	3000	2900	100	97
0089	BAA0 INTERNAL MEDICINE-OBS	1	1		100
-----					
Grand Total		3001	2901	100	97



# Coding Table Updates

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- **ICD-9 - Updated per Fiscal Year (Effective 1 Oct 06)**
- **CPT/HCPCS - Updated per Calendar Year (Effective 1 Jan 07)**
- **ADM only maintains CURRENT YEAR Code Tables**
- **Downstream Impacts:**
  - Prior year codes not available for prior year encounters in ADM
  - CCE supports the use of correct codes, based on Date of Service, but the “correct” codes will be rejected by ADM
  - AHLTA Provider/Clinic maintained templates will allow obsolete codes to be selected, but will be rejected by ADM impacting 3 Day Coding Compliance
- **Establish a Code Table Update/Synchronization Plan!**
  - Plan/Discuss Code Table Update synchronization with AHLTA, CHCS, TPOCS, CCE, EAS, and any other system affected...
  - Identify planned release and install dates for each system
  - Identify any coding backlogs (ADM, AHLTA & CCE) potentially impacted
  - Ensure “Review Complete” status in CCE for all billable encounters
  - Document the Update/Install Date for each system for future reference



# The “99499” Placeholder

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- June 2005 - E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
- June 2005 - E&M Code was no longer required for Non-Count Visits
  - Remember! - IBWA RNDS\* are NON-COUNT Visits
- Current recommendation is to continue to enter the “99499” E&M Code Placeholder in ADM
  - TPOCS still requires the “99499” Placeholder



# Encounter Data “Tune-Up”





# Show Me the Data!

3 - TOTAL SADR ENCOUNTER DETAIL : Select Query														
	APPT_PREFIX	APPT_ID	SADR_STAT	SADR_DATE	APPT_ID	E_M_CODE	CPT1_CODE	CPT1_LEVEL	CPT2_CODE	CPT2_LEVEL	CPT3_CODE	CPT3_LEVEL	CPT4_CODE	CPT4_LEVEL
	2	14679519	R	20060127	1	99212								
	C	14599779	R	20060127	1	99222								
	C	14702113	R	20060127	3	99499	99024	1						
	C	14702115	R	20060127	3	99499	99024	1						
	2	14701846	R	20060127	6	99499								
	C	14687291	R	20060127	1	99284	36415	1	99001	1	36000	1	90760	1
	2	14694400	R	20060127	3	99499	90471	1	90657	1				
	2	14702009	R	20060127	3	99499	96150	1	90899	1				
	C	14608397	R	20060127	1	99499	42826	1	00170	1	99199	1		
	C	14692475	R	20060127	1	99283	93005	1	J8499	1				
	2	14638448	R	20060127	1	99499	97535	3						
	C	14702110	R	20060127	3	99499	99024	1						
	C	14702121	R	20060127	3	99499	99024	1						
	C	14599555	R	20060127	1	99499	42826	1	00170	1	99199	1		
	2	14701117	R	20060127	3	99213	59025	2						
	2	14677432	R	20060127	1	99211								
	C	14692435	R	20060127	1	99283	36000	1	90760	1	J7030	1	90774	1
	C	14702130	R	20060127	3	99211								
	2	14675156	R	20060127	1	99499	99024	1						
	C	14689855	R	20060127	1	99282	29130	1						
	2	14700161	R	20060127	3	99211								
	C	14702117	R	20060127	3	99499	99024	1						
	2	14702253	R	20060127	6	99499								
	2	14677982	R	20060127	1	99215								
	C	14702095	R	20060127	3	99211								
	C	14687326	R	20060127	1	99282	99070	1	E0110	1				
	C	14702098	R	20060127	3	99499	99024	1						
	2	14701826	R	20060127	6	99499								
	C	14702101	R	20060127	3	99499	99024	1						
	2	14702249	R	20060127	6	99371								
	2	14659632	R	20060127	1	99212	59025	1	76815	1				
	C	14687301	R	20060127	1	99283	E0110	1	99070	1	J8499	1		
	2	14629949	R	20060127	1	99499	97535	2	97150	2	97035	2		
	C	14692429	R	20060127	1	99284	36415	1	99001	1	36000	1	90760	1
	2	14691534	R	20060127	3	99213								
Record: 1 of 5732														





# SADR Data Review Tool

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- **Import Daily SADR extracts:**
  - Excel Macro parses SADR file by DMIS
  - SADR SHOOTER.mdb
- **Copy/Paste into Excel Workbook**
- **“Ready Data” for your “DQ Radar”**
- **Identify trends for user feedback and training**
- **Supports DQ Process Improvement**
- **“Drill Down” into specific problem areas**
- **Create encounter data reconciliation lists for Clinic Staff**



See Notes View for additional “How To” information



# DQ “Check Points”

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- Allied Health Coding (PT/OT, Audiology, Mental Health, Optometry, etc.)
  - MTFs will be decremented for incorrect Allied Health E&M Coding!
- E&M Coding for Nurses and Technicians
  - Important Training Issue for Nurses and Technicians with RN Wellness Role in AHLTA
- E&M Distribution:
  - By Provider
  - By 4<sup>th</sup> Level FCC
  - New vs Established Encounters
  - Sick vs Well Encounters
  - New vs Consult Encounters
- Diagnosis Capture (Frequency and Tabular Lists)
- Procedures/Services and Supplies
- Updated Encounters
  - Also review CCE Coder/Provider Comparison Report
- Provider Medical Specialty (Direct Care <=905)



# Allied Health Locations

E&M Distribution		Allied Health Metric									
Count of APPT_IEN		E M CODE									
MEPRS	SADR_STATUS	99205	99211	99212	99213	99215	99402	99403	99404	99456	Grand Total
BALA	R		1				1	1	1		4
BFBA	R	2		1		2					5
BFBB	R		1			2					3
BFE2	R					2					2
BFEA	R	1		2							3
BFEB	R	10	2	9	1	7				1	30
BFEO	R		2	1		3					6
Grand Total		13	6	13	1	16	1	1	1	1	53
FCC	DESCRIPTION										
BEB	Cast Clinic										
BFB	Psychology Clinic										
BFC	Child Guidance Clinic										
BFD	Mental Health Clinic										
BFE	Social Work Clinic										
BFF	Substance Abuse Rehab Clinic										
BHC	Optometry Clinic										
BHD	Audiology Clinic										
BHE	Speech Pathology Clinic										
BLA	Physical Therapy Clinic										
BLB	Occupation Therapy Clinic										

- Allied Health Locations should not have E&M Services
- CPT Codes for procedures performed by Allied Health Providers identify the Professional Services provided
- Prepare reconciliation list for Clinic Staff



# E&M By Specialty

Specialty Distribution															
SADR_STATUS	R														
Count of APPT_IEN	E_M_CODE														
HCP_SPEC	99201	99202	99203	99204	99205	99211	99212	99213	99214	99215	99241	99242	99499	Grand Total	
600		4	16	1		1	383	143	11	14	32			630	1235
703						11	7	23	1		12			660	714
704														607	607
705				1						2				415	418
706						4	5			4				1667	1681
709						4	5							484	493
900						1249	74	33		1	3	11		4406	5777
958														17	17
Grand Total		4	16	1			250	45	14	51	3	11	8886	10942	

- RNs (600)/Techs (900) with Physician Level E&M Services
- Prepare Reconciliation List for Clinic Staff
- Provide Option to correct in either AHLTA or ADM
- Click on any cell to display detailed data for review



# Drill Down Reconciliation

PREFIX	APPT_IEN	SADR_STATUS	SADR_DATE	APPT_REC_STATUS	TYPE	E_M_CODE	CPT1_CODE	CPT1_LEVEL	CPT2_CODE	CPT2_LEVEL	CPT3_CODE	CPT3_LEVEL	CPT4_CODE	CPT4_LEVEL	TX_DMIS	ENC_DATE	ICD1
2	15361352	R	20060731	C	3	99205									0089	20060720	V61.10
2	15338134	R	20060726	C	3	99205									0089	20060714	V61.10
2	15311698	R	20060708	C	3	99205									0089	20060707	V61.10
2	15301620	R	20060707	C	3	99205									0089	20060705	V61.10
2	15302940	R	20060712	C	1	99205									0089	20060707	V61.10
2	15302966	R	20060710	C	1	99205									0089	20060710	V61.10
2	15265427	R	20060707	C	1	99205									0089	20060626	V61.10
2	15286443	R	20060707	C	1	99205									0089	20060629	V61.10
2	15277008	R	20060706	C	1	99205									0089	20060629	V61.10
2	15265410	R	20060705	C	1	99205									0089	20060626	V61.11
2	15371244	R	20060726	C	3	99211	90801	1							0089	20060724	995.53
2	15294406	R	20060713	C	1	99211									0089	20060711	V61.12
2	15382308	R	20060726	C	3	99212	90804	1							0089	20060726	V61.0
2	15338086	R	20060715	C	3	99212									0089	20060714	V61.10
2	15385995	R	20060730	C	1	99212	90801	1							0089	20060728	V61.11
2	15386024	R	20060730	C	1	99212	90801	1							0089	20060728	V61.12
2	15382540	R	20060727	C	1	99212	96150	1							0089	20060727	V61.0
2	15382491	R	20060727	C	1	99212	90801	1							0089	20060727	V61.0
2	15372496	R	20060727	C	1	99212	90801	1							0089	20060726	V61.12
2	15368538	R	20060725	C	1	99212	90801	1							0089	20060724	V61.11
2	15283542	R	20060711	C	1	99212	90801	2							0089	20060630	V61.10
2	15135746	R	20060721	C	1	99213									0089	20060619	917.0
2	15397868	R	20060731	C	3	99215									0089	20060731	V61.9
2	15338135	R	20060726	C	3	99215									0089	20060714	V61.21
2	15250240	R	20060725	C	3	99215	90806	1							0089	20060619	V61.10
2	15325932	R	20060725	C	1	99215									0089	20060721	V61.20
2	15268404	R	20060725	C	1	99215	90806	1							0089	20060623	V61.9
2	15286461	R	20060707	C	1	99215									0089	20060629	V61.11
2	15298024	R	20060706	C	1	99215									0089	20060706	V61.0
2	15288447	R	20060711	C	1	99456	90801	2							0089	20060706	V61.9

- Copy the APPT\_IENs
- Prepare CHCS Query File to identify patient encounters for reconciliation
  - (` Grave Key in front of APPT\_IEN)
- Access CHCS Fileman-> Inquire to File->Patient Appointment
- Paste the APPT\_IEN (with Grave Key) into the CHCS Patient Appointment File
- Select your favorite CHCS Print Template or use the PT ID EXTRA





# CHCS Ad-Hoc Query

```
NAME: GS CCC PT ID EXTRA FF  Replace ..
DESCRIPTION:
  1>Patient ID Extra FF
EDIT Option:
READ ACCESS: SHARKPONDFLY&#sharkpondfly  Replace
WRITE ACCESS: SHARKPONDFLY&#sharkpondfly  Replace
First Print FIELD: NAME://
  Then Print PATIENT FIELD: NAME_"^";X//
  Then Print PATIENT FIELD: FMP_"^";X//
  Then Print PATIENT FIELD: SPONSOR SSN_"^";X//
  Then Print PATIENT FIELD: PATIENT SSN_"^";X//
  Then Print PATIENT FIELD: "`" _NUMBER_"^";X// //
  Then Print PATIENT FIELD: PATIENT IDENTIFIER_"^";X
  Then Print PATIENT FIELD: PATIENT VALIDATION FLAG_"^";X
  Then Print PATIENT FIELD: RA DATE TIME(DATE VALIDATION FLAG UPDATED)_"^";X
  Then Print PATIENT FIELD: DEERS ADDRESS UPDATED_"^";X
  Then Print PATIENT FIELD: //
Then Print FIELD: RA DATE TIME(APPOINTMENT DATE/TIME)_"^";X
Then Print FIELD: "`" _NUMBER_"^";X//
Then Print FIELD: APPOINTMENT STATUS_"^";X  Replace
Then Print FIELD: CLINIC//  CLINIC
Then Print FIELD:
Heading: @@//
Footnote:
Store Print logic in Template: GS CCC PT ID EXTRA FF//
```



# Key Points Recap

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- ADM captures and reports Encounter Services
- Interface Error Reports:
  - 1.
  - 2.
  - 3.
- Coding Table Update Coordination:
  - 1.
  - 2.
- SADR Review Tool - DQ “Tune-Up”
  - 1.
  - 2.
  - 3. If you are interest in the SADR Review Tool, Contact Me
- Homework...





**Interface Error Reporting**

**Homework...**



# ADM Interface Errors

ADM Errors FY 06	Total
ERR: 209 Appt_status null or missing. (AHTLA Completed Encounter with change to Admin in CHCS EOD)	118
ERR: 222 Disposition missing based on status. (No-Show then changed to Kept)	60
ERR: 240 Found E&M code where not allowed. (Cancelled with Encounter Coding still in record)	14
ERR: 243 Ambulatory flag set where not allowed.	1
ERR: 251 Disposition Type does not match Patient Status (Change DC to Release w/o Limitations)	38
ERR: 253 No provider associated with a CPT code. (New as of June 2005)	3
ERR: 254 Injury Related data missing (HIPAA Injury Related data)	1
ERR: 257 Supervising Provider is required. (New as of June 2005 Warning 457: Required Supervising Provider not entered in AHLTA)	76 1000+
<b>Grand Total</b>	<b>311</b>

- **ADM Interface Error Report lists key elements to facilitate reconciliation:**
  - Coordinate reconciliation coordination with responsible Clinic Staff
  - Errors prevent SADR from being created
  - Warnings may impact billable encounters
  - 457 Warnings – Will now be included EAS SADR Extract (as of July 2006)



# CCE Interface Errors

26 May 2006@1837 Personal Data - Privacy Act of 1974  
CCE INTERFACE ERROR  
From: 01 Apr 2006@0000 Thru:  
=====

DIVISION: WOMACK AMC FT BRAGG NC		
Invalid CPT code: 90784		
02 Apr 2006@1916	30 Dec 2005@1752	
Invalid CPT code: J7616		
13 Apr 2006@1341	30 Mar 2006@1530	WFM-TEAM HO
Invalid Secondary Provider Role		8145642
26 Apr 2006@0538	22 Mar 2006@1000	REFRACTIVE EYE CTR
Invalid patient IEN: 807544		BBDQ 8122973
26 Apr 2006@1212	26 Mar 2003@0850	GYNECOLOGY APV
Invalid Secondary Provider 18510		BCB5 4325381
04 May 2006@1403	25 Apr 2006@0900	WFM-TEAM DUTY
Injury Cause Code is missing		BGAA 8235808
22 May 2006@1726	30 Nov 2005@1930	AMIC CL
Injury Date is missing		BIAB 7714791
25 May 2006@1313	22 May 2006@1310	WFM-TEAM DUTY
Modifier 27 is not valid for code 99212		BGAA 8337540
05 Apr 2006@1923	03 Apr 2006@1100	RHC TEAM 2
Dx/Priority mismatch for 90645		BGAR 8157628

- **2005 Encounter correctly coded in the CCE in 2006, but rejected by ADM. ADM only maintains the current year code tables**
- **Invalid Patient IEN, due to possible merge in CHCS**
- **Ensure "Billable" encounters pending CCE Review are complete prior to CHCS Table Updates**



# Write-Back Errors

BRAGG_20060601_20061022_ccc.xls	
A	B
1 <b>WB ERRORS BY DESCRIPTION</b>	
2	
3 Count of APPT_IEN	
4 EXCEPTION TEXT	Total
5 Duplicate ICD_DIAGNOSIS_PRIORITYs are not allowed.	326
6 Wamload Failure - Unable to load retruned XML into XML.DOM	224
7 NA	179
8 EM_DIAGNOSIS_PRIORITY cannot be set until ICD9s are added.	90
9 At least 1 ICD9 code must be present.	90
10 '90782' is not a valid value for CPT4 CODE. '90782' cannot be found in the 'CPT4' code reference.	72
11 'V58.3' is not a valid value for ICD CODE. 'V58.3' cannot be found in the 'ICD9' code reference.	
12 An E&M code has not been entered.	
13 CPT4_DIAGNOSIS_PRIORITY cannot be set until ICD9s are added.	4
14 '5' is not a valid value for ICD-ICD_DIAGNOSIS_PRIORITY. Valid values must be in 1 or 2 or 3 or 4 or U.	
15 'V24' is not a valid value for ICD CODE. 'V24' cannot be found in the 'ICD9' code reference.	
16 'V58.30' is not a valid value for ICD CODE. 'V58.30' cannot be found in the 'ICD9' code reference.	
17 A disposition has not been entered.	
18 '6' is not a valid value for ICD-ICD_DIAGNOSIS_PRIORITY. Valid values must be in 1 or 2 or 3 or 4 or U.	
19 '345.9' is not a valid value for ICD CODE. '345.9' cannot be found in the 'ICD9' code reference.	
20 'J2050' is not a valid value for CPT4 CODE. 'J2050' cannot be found in the 'CPT4' code reference.	
21 'V72.1' is not a valid value for ICD CODE. 'V72.1' cannot be found in the 'ICD9' code reference.	
22 'V72.1 1' is not a valid value for ICD CODE. 'V72.1 1' cannot be found in the 'ICD9' code reference.	
23 EM_DIAGNOSIS_PRIORITY: 12 does not conform to ICD_DIAGNOSIS_PRIORITYs: 11.	
24 EM_DIAGNOSIS_PRIORITY: 12 does not conform to ICD_DIAGNOSIS_PRIORITYs: 1.	
25 '90799' is not a valid value for CPT4 CODE. '90799' cannot be found in the 'CPT4' code reference.	
26 '790.9' is not a valid value for ICD CODE. '790.9' cannot be found in the 'ICD9' code reference.	
27 EM_DIAGNOSIS_PRIORITY: 123 does not conform to ICD_DIAGNOSIS_PRIORITYs: 11.	
28 'V58.32' is not a valid value for ICD CODE. 'V58.32' cannot be found in the 'ICD9' code reference.	
29 '519.1' is not a valid value for ICD CODE. '519.1' cannot be found in the 'ICD9' code reference.	
30 '648.4' is not a valid value for ICD CODE. '648.4' cannot be found in the 'ICD9' code reference.	
31 '7' is not a valid value for ICD-ICD_DIAGNOSIS_PRIORITY. Valid values must be in 1 or 2 or 3 or 4 or U.	
32 '238.7' is not a valid value for ICD CODE. '238.7' cannot be found in the 'ICD9' code reference.	
33 'A4790' is not a valid value for CPT4 CODE. 'A4790' cannot be found in the 'CPT4' code reference.	4
34 '493.90' is not a valid value for ICD CODE. '493.90' cannot be found in the 'ICD9' code reference.	4

- Providers/Staff must update Favorites Lists and Personal Templates to the new ICD/CPT Codes
- ADM will reject ICD-9 Inpatient Procedure codes
- Trouble Ticket submitted for #1 Error

BRAGG_20060601_20061022_ccc.xls						
A	B	C	D	E	F	G
1 <b>VB ERRORS - SUMMARY</b>						
2						
3 EXCEPTION TEXT	(All)					
4						
5 Count of APPT_IEN	APPT MO					
6	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Grand Total
7 Total	180	103	258	471	588	1600



# ADM Questions?

